



City of Maplewood | **Office of the City Clerk**
1830 County Road B East | Maplewood, MN
55109 651-249-2005 | 651-249-2009 (fax)

TEMPORARY AMUSEMENT PARK (CIRCUS/CARNIVAL RIDES)

Guidance relating to Amusement Parks is contained in the Maplewood City Code, Chapter 8, Article II. All permit holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

In submitting a permit application, the applicant and their business associates declare that they meet the requirements for issue of said permit and that such business will be operated in compliance with the above regulations, statutes and ordinances. Knowingly submitting an incomplete or inaccurate application constitutes fraudulent application; failure to comply with the aforesaid regulations, statutes and ordinances; or conviction for related felony or misdemeanor violations constitutes grounds for denial, suspension, or revocation of permits.

PERMIT APPLICATION CHECKLIST:

**To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned immediately.**

- ☐ Amusement Park permit application
- ☐ Permit Fee of \$381.00
- ☐ Signed lease or letter of agreement (if operating on property not owned by applicant or in conjunction with an event not coordinated by applicant)
- ☐ List description of the kind and character of devices and attractions which are to be operated
- ☐ Certificate of Insurance naming the City of Maplewood as the Certificate Holder in the amounts of coverage as follows:
 - ☐ \$300,000 General Liability
 - ☐ \$100,000 Property Damage
 - ☐ \$50,000 Workers' Compensation
- ☐ State Statutes Requirements Form
 - ☐ MN Business Tax Identification Number as required by MN §270C.72
 - ☐ Proof of Worker's Compensation Insurance Coverage as required by MN §176.82

Applicant Information (individual who executes and signs this application)

Name of Applicant _____

Job Title _____ E-mail Address _____

Address _____ City _____ State _____ Zip Code _____

Telephone (_____) _____ Driver's License No. _____ State _____

Business Information (responsible for amusements):

Business Name _____ DBA Name _____

Address _____ City _____ State _____ Zipcode _____

Telephone (_____) _____ E-mail Address _____

MN Tax ID Number _____ Federal Tax ID Number _____



Owner is a: ☐ Natural Person ☐ Partnership ☐ Corporation ☐ Foreign Corporation

Name of Owner (If Partnership or Corporation, Names of Officers):

Event Information (to be held in Maplewood):

Name of Event _____

Event Location _____ Telephone (_____) _____

Event Address _____ Maplewood, MN

Date(s) of Event _____ Time of Event: _____

Person in Charge of Operations _____ Telephone (_____) _____

The data in this application will be used to approve your permit. Upon approval of permit, the information contained in this application shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your permit if you do not provide it.

I have received a copy of *Maplewood City Code*, Chapter 8, Article II (Amusement Parks) and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature _____ Date _____

Office Use Only

Approved by City Manager or Designee _____ Date _____

Approved by City Planner _____ Date _____

Approved by Fire Marshal _____ Date _____

Fee Paid _____ Receipt No. _____ Date _____ Permit No. _____

**STATE STATUTE REQUIREMENTS:
TAX CLEARANCE**

Minnesota Statute Chapter 270C, Section 72 requires the licensing authority to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification number or the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Full Name _____		Job Title _____	
SSN _____ - _____ - _____	Driver's License Number _____		State _____
Business Name _____		Business Trade Name _____	
Business Address _____		City _____	State _____ Zip Code _____
Federal Tax ID _____		MN State Tax ID _____	

**STATE STATUTE REQUIREMENTS:
PROOF OF WORKERS' COMPENSATION**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or is falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund. Provide the information specified above in the following spaces, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation:

<input type="checkbox"/> I carry Workers' Compensation Insurance	
Insurance Company Name (not the name of the agent): _____	
Workers' Compensation Policy Number: _____ Effective Date: _____ Expiration Date: _____	
<input type="checkbox"/> I am Self-Insured and have attached a copy of the permit to self-insure	
<input type="checkbox"/> I am not required to have workers' compensation liability coverage because:	
<input type="checkbox"/> I have no employees.	
<input type="checkbox"/> I have employees but they are not covered by the Workers' Compensation law. (See MN Statute § 176.041 for a list of Excluded employees) Explain why your employees are not covered: _____	

<input type="checkbox"/> Other: _____	

I have read and understand my rights and obligations with regard to business license, permits and workers' compensation coverage and I certify that the information provided is true and correct.

Signature of Applicant _____ Date _____